MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES

# TRAINING ENTITY ACCREDITATION APPLICATION

**FOR DOH OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE**

☐ INITIAL ACCREDITATION
☐ REACCREDITATION

INSPECTOR ASSIGNED _____

TRAINING ENTITY ACCRED NO. ☐☐☐☐☐☐

DATE APPLICATION REC'D ☐☐ ☐☐ ☐☐

DATE INSPECTOR ASSIGNED ☐☐ ☐☐ ☐☐

DATE OF FIRST INSPECTION ☐☐ ☐☐ ☐☐

DATE PASSED REVIEW ☐☐ ☐☐ ☐☐

ISSUE DATE ☐☐ ☐☐ ☐☐

EXPIRATION DATE ☐☐ ☐☐ ☐☐

**APPLICANT MUST COMPLETE INFORMATION BELOW** ***TYPE OR PRINT***

**1. TRADE NAME OF TRAINING ENTITY** | **DAYTIME TELEPHONE NO.**

TRAINING ENTIITY BUSINESS ADDRESS *(STREET, ROUTE, CITY, STATE, ZIP)*

**2. TYPE OF ACCREDITATION APPLIED FOR (check all that apply)**

☐ EMT-P ☐ EMT-B ☐ CEUS ☐ FIRST RESPONDER ☐ EMERGENCY MEDICAL DISPATCH

**3. PROGRAM DIRECTOR**

NAME *(LAST, FIRST, MI)* | TELEPHONE NUMBER

BUSINESS ADDRESS *(STREET, ROUTE, ETC.)* | FAX NUMBER

CITY STATE ZIP CODE | E-MAIL

**4. MEDICAL DIRECTOR**

NAME *(LAST, FIRST, MI)* ☐ M.D. ☐ D.O.

ADDRESS *(STREET, ROUTE, ETC.)* | OFFICE TELEPHONE NUMBER

CITY STATE ZIP CODE | E-MAIL | FAX NUMBER

**I HEREBY CERTIFY that I am aware of the qualification requirements and the responsibilities of an accredited training entity medical director and I agree to serve as medical director.**

SIGNATURE OF MEDICAL DIRECTOR | DATE

**I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named Training Entity has both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 1998.**

**I have attached all training entity licensure and related administrative licensure actions taken against this training entity or owner by any state agency in any state.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF TRAINING ENTITY LICENSEE | DATE

*WARNING; In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes 575.060.*

**Mail Application to: Bureau of Emergency Medical Services, P.O. Box 570, Jefferson City, MO 65102**